

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/52029**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		①				
5	1					
6		1				
7		①				
8	1					
9		1				
10		2				
11		①				
12	1					
13		1				
14		①				
15	1					
16		1				
17		2				
18		①				
19	1					
20		1				
21		①				
22	1					
23		1				
24		2				
25		①				
26	1					
27		1				
28		①				
29		①				
30	1					
31		1				
32	1					
33		1				
34	1					
35		1				
36		⑧				
37		①				
38		①				
39						
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48						
49						
50						
TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	36	←		←		←
TOTAL CLAIMS	47					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						